

RETIREMENT PLAQUE ORDER FORM

Employee Name _____

Employee Number _____

Contact Person _____ Ext. _____ Date Needed _____
(Who to contact when plaque is ready)

INSTRUCTIONS: Please complete below exactly how Employee would like to see on plaque.

***EMAIL or FAX COMPLETED FORM TO: Marissa Mertes, mertes1, Ext. 2-4842, FAX 2-8287**

**Lawrence Livermore
National Laboratory**

NAME (Exactly As Employee Would Like To See On Plaque)

START DATE OF EMPLOYMENT / DATE OF TERMINATION (YEAR ONLY)

*"IN APPRECIATION OF YOUR EFFORTS
ON BEHALF OF"*

DIVISION/DEPARTMENT/PROGRAM NAME
(Exactly As Employee Would Like To See On Plaque)

**PLEASE ALLOW A MINIMUM OF 2 WEEKS ON PROCESSING
YOUR RETIREMENT PLAQUE ORDER**

Received by: _____

Date: _____